

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16068

State File No. _____

FILED MAY 14 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003 - Registrar's No. 4176

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 37 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 3625 Page	
3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) _____ c. (Last) O'NEAL		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6, 1897
9. AGE (In years last birthday) 55	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Coal Company	11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hilliard O'Neal	
13b. MOTHER'S MAIDEN NAME Fannie Martin		14. NAME OF HUSBAND OR WIFE Mabel O'Neal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Etta Cole		ADDRESS 3625 Page	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 491X		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1900 Clark	
23c. DATE SIGNED 4. 22. 53		24a. REMOVAL (Specify)	
24b. DATE 21 Apr 1953		24c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery	
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Officer	
25. ADDRESS 2114 Mo. Ave.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
DATE REC'D BY LOCAL APR 22 1953		48 (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th Street

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.